



Serving the People of California

This form will be the basic record of YOUR ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES WHICH EXCEED \$100.00.** Please read the **INSTRUCTIONS** on the back before completing this form. **PLEASE PRINT OR TYPE.** Return this form to:

EMPLOYMENT DEVELOPMENT DEPARTMENT  
TAX STATUS & EXAM GROUP, MIC 28  
P.O. BOX 826880  
SACRAMENTO CA 94280-0001  
(916) 654-7041 / FAX 654-9211

## DE 1P REGISTRATION FORM FOR EMPLOYERS DEPOSITING ONLY PERSONAL INCOME TAX WITHHOLDING

DEPT USE	ACCOUNT NUMBER								QUARTER		ETCSO		FED CODE		ON-LINE PROCESS DATE	TAS CODE

<b>A. BUSINESS NAME</b>				<b>OWNERSHIP BEGAN OPERATING</b> MONTH: DAY: YEAR:		<b>FEDERAL I.D. NUMBER</b>	
<b>B. OWNER, CORPORATION, OR LIMITED LIABILITY COMPANY (LLC) NAME</b>				SSA NO./CORP/OR LLC I.D. NO.		DRIVER'S LICENSE NUMBER	
List all partners, corporate officers or LLC members, managers or officers, etc.*		TITLE (partner, officer, LLC member, LLC manager)		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
*If entity is a <b>Limited Partnership</b> , indicate General Partners with an (*). If needed, list additional partners, LLC members or officers on a separate sheet.							
<b>C. BUSINESS LOCATION</b> Street and Number (see instructions).				CITY OR TOWN		STATE	
						ZIP CODE	
MAILING ADDRESS (in care of P.O. Box or Street and Number)				CITY OR TOWN		STATE	
						ZIP CODE	
						PHONE NUMBER ( )	
<b>D. HAVE YOU EVER BEEN REGISTERED WITH THIS DEPARTMENT?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES		<b>IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS</b> ACCOUNT NUMBER BUSINESS NAME ADDRESS					
<b>E. INDICATE FIRST QUARTER AND YEAR IN WHICH INCOME TAX IS WITHHELD.</b> <input type="checkbox"/> Jan.-Mar. 19__ <input type="checkbox"/> Apr.-June 19__ <input type="checkbox"/> July-Sept. 19__ <input type="checkbox"/> Oct.-Dec. 19__				<b>F. WILL YOU BE SUBJECT TO FEDERAL MONTHLY/SEMI-WEEKLY DEPOSITS?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>G. ORGANIZATION TYPE</b> <input type="checkbox"/> (IN) Individual Owner <input type="checkbox"/> (JV) Joint Venture <input type="checkbox"/> (LQ) Liquidation <input type="checkbox"/> (LLC) Limited Liability Company <input type="checkbox"/> (HW) Hus/Wife Co-Ownership <input type="checkbox"/> (RC) Receivership <input type="checkbox"/> (LP) Limited Partnership <input type="checkbox"/> (GO) Governmental <input type="checkbox"/> (GP) General Partnership <input type="checkbox"/> (BK) Bankruptcy <input type="checkbox"/> (TR) Trusteeship <input type="checkbox"/> (SD) School District <input type="checkbox"/> (CP) Corporation <input type="checkbox"/> (AS) Association <input type="checkbox"/> (EA) Estate Administration <input type="checkbox"/> (OT) Other (Specify) _____							
<b>H. EMPLOYER TYPE:</b> <input type="checkbox"/> (01) Commercial <input type="checkbox"/> (04) Non Profit School <input type="checkbox"/> (09) Agriculture <input type="checkbox"/> (20) Red Cross <input type="checkbox"/> (02) Non Profit <input type="checkbox"/> (07) Public School <input type="checkbox"/> (10) Church <input type="checkbox"/> (21) Public Entity <input type="checkbox"/> (03) Non Profit 501 C3 <input type="checkbox"/> (08) District Hospital <input type="checkbox"/> (12) Annuitant Payer <input type="checkbox"/> (28) State Hospital							Number of Employees
<b>I. BUSINESS TYPE:</b> <input type="checkbox"/> (A) Agriculture <input type="checkbox"/> (B) Communications <input type="checkbox"/> (F) Finance <input type="checkbox"/> (N) Mining <input type="checkbox"/> (S) Services <input type="checkbox"/> (I) Insurance <input type="checkbox"/> (C) Construction <input type="checkbox"/> (L) Utilities <input type="checkbox"/> (E) Real Estate <input type="checkbox"/> (M) Manufacturing <input type="checkbox"/> (W) Wholesale Trade <input type="checkbox"/> (O) Other <input type="checkbox"/> (T) Transportation <input type="checkbox"/> (R) Retail Trade				1) Describe kind of product or type of service: 2) If MANUFACTURING, list principal products in order of importance:			
<b>J. CONTACT PERSON FOR BUSINESS</b>		NAME		ADDRESS		PHONE ( )	
<b>K. SUPPORTIVE SERVICES</b> If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes. (1) <input type="checkbox"/> Control Administrative (headquarters, etc.) (3) <input type="checkbox"/> Storage (warehouse) (5) <input type="checkbox"/> Does not apply (2) <input type="checkbox"/> Research, development, or testing (4) <input type="checkbox"/> Other (specify)							
<b>L. Is this a(n):</b> <input type="checkbox"/> New business <input type="checkbox"/> On-going business just purchased ( <input type="checkbox"/> All <input type="checkbox"/> Part) <input type="checkbox"/> Other _____ <input type="checkbox"/> Change of partner(s) <input type="checkbox"/> Change in form - (Sole proprietor to partnership; partnership to corporation; partnership to LLC merger; etc.) <b>IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION:</b> Previous Owner Business Name Purchase Price Date of Transfer EDD Account Number							
<b>M. DECLARATION</b> These statements are hereby declared to be correct to the best knowledge and belief of the undersigned. Signature _____ Date _____ Residence Phone ( ) _____ Title _____ Residence Address _____ (Owner, Partner, Corporate Officer, LLC Member, Street City State ZIP Code LLC Officer, etc.)							

## INSTRUCTIONS FOR DE 1P REGISTRATION FORM FOR EMPLOYERS DEPOSITING ONLY PERSONAL INCOME TAX WITHHOLDING

An employer depositing PIT only should file a registration form with the Employment Development Department (EDD) within **fifteen (15) calendar days** after withholding personal income tax from the wages of employees **and** whenever a change in ownership occurs thereafter. This registration form should be filed with the EDD's Employer Status Unit, **MIC 28**, P.O. Box 826880, Sacramento, CA 94280-0001.

- A. BUSINESS NAME** — Give the name by which your business is known to the public. Enter "None" if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s) (FEIN). If you have not received your FEIN, enter "Applied For."
- B. OWNER, CORPORATION, OR LIMITED LIABILITY COMPANY (LLC) NAME** — Enter the full given name, middle initial, surname, title, social security account number, and driver's license number for each individual, partner, corporate officer, LLC member, LLC officer, LLC manager, etc. If the business is a corporation or LLC, enter name exactly as spelled and registered with the Secretary of State. Include corporate, or LLC (Secretary of State) identification number.
- C. BUSINESS LOCATION** — Enter the California address and county where the business item in A is physically conducted. If more than one California location, list on a separate sheet and attach to this form. In Mailing Address, enter the address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter "Same." Provide daytime business phone number.
- D. PRIOR REGISTRATION** — If any of the owners in Item B is operating or has ever operated at another location, check "Yes" and provide account number, business name and address. If more than one account number, list on separate sheet.
- E. WAGES** — Check the appropriate box when you first withheld income tax.
- F. PIT WITHHOLDING** — Check the appropriate box. If you are not sure if you are subject to federal monthly/semi-weekly deposits, contact the Employment Tax Customer Service Office (ETCSO) listed in Government Pages of your local phone directory.
- G. ORGANIZATION TYPE** — Check the box which best describes the legal form of the ownership in Item B.
- H. EMPLOYER TYPE** — Check the box which best describes your employer type. Enter total number of employees for the ownership in Item B.
- I. BUSINESS TYPE** — Check the box which best describes your business type. Describe the product or the service offered.
- J. CONTACT PERSON** — Enter the name and phone number of the person authorized by the ownership shown in Item B to provide information to EDD staff
- K. SUPPORTIVE SERVICES** — Check the box which best describes the supportive services provided in Item B.
- L. STATUS OF BUSINESS** — Check the box that best describes why you are completing this form. If the business was previously owned, provide owner and business name, purchase price, date ownership was transferred to this ownership and EDD account number.
- M. DECLARATION** — This declaration should be signed by one of the names shown in Item B.

**NEED MORE HELP OR INFORMATION?** Call Tax Status and Examination Group (TSEG) in Sacramento at (916) 654-7041 with questions regarding this form or the registration and account number assignment process. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory under State Government, Employment Development Department or call the Sacramento ETCSO at (916) 255-1965.

Three options for obtaining a new employer account number are available: by mail, by calling (916) 654-7041 to obtain your account number over the phone, or by 24-hour FAX service at (916) 654-9211. All three options require that a registration form be completed and mailed to: Employment Development Department, Tax Status & Examination Group, MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001.

We will **notify** you of your **EDD Identification number** by mail. To help you understand your tax withholding and filing responsibilities you will be sent a **California Employer's Guide, DE 44**. Please keep your account status current by notifying TSEG of all future changes to the original registration information.